First Aid Skills Evaluation

Participant Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Injury/Illness: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Attempt: #1 #2

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| MUST-SEE STEPS | DETAILS | Advanced  Proficient  Emerging  Novice |
| Check the Scene | * Is it safe? * How many ill or injured people are there? * Is there someone to help me? * Is there someone who looks to be unconscious? * Personal protective equipment * Obtaining consent |  |
| Ask the SAMPLE questions that apply: | * S = Signs and symptoms   How do you feel? Do you feel any pain?  Does anything feel different?   * A = Allergies   Are you allergic to anything?   * M = Medications   Do you take any medicine? What is it for?   * P = Past medical history   Do you have any medical conditions? Has this happened before?   * L = Last meal   When did you last eat? What did you eat?   * E = Events leading up to the emergency   What happened? |  |
| Scan/Examination | * Head to Toe * Toe to Head |
| Care | * Successfully cared for the injury/illness without leaving any critical steps out. |  |

